

Catawba County Emergency Medical Services Standard Operating Guidelines

Neonatal Procedures

Neonatal Transport Response

Catawba Valley Medical Center or Frye Regional Medical Center's nursery will contact the Catawba County Communications Center by phone at 464-3112 and inform them of a transport the Communications Center will then contact the EMS supervisor on-duty. Catawba County communications will be instructed to dispatch the Logistics Technician or an available EMS unit to respond immediately to the neonatal unit. The EMS supervisor should respond as soon as possible to the appropriate base.

The responding ambulance should move the neonatal truck near or under the ambulance entrance if possible, taking care, not to cause exhaust to enter the emergency department. The ambulance should then be readied for transport, with the lift lowered and in position to load isolette(s). Heat or air conditioning should be adjusted as needed due to the current weather conditions. When the Neonatal unit is ready to load, the person driving should contact the neonatal team by calling the NICU extension from inside the emergency department and advise them that the unit is ready for transport. The unit responding for the neonatal transport will be out-of-service until the shift supervisor replaces the person who will be driving the neonatal unit. This should be the person that does not have the drug keys.

The crew should wait for the neonatal team at the emergency department entrance. Assist in loading the isolette(s) into the unit along with any equipment. The team leader will give you the destination and any other instructions on how to respond. At the destination you will assist the team in unloading the equipment. You will not be involved in patient care. When the team is ready to leave, you will again assist them in loading the patient and equipment, then respond back to the receiving facility.

On completion of the call you will fuel, wash, and replace used equipment. This should be done at Hickory Base. Fax a copy of the check-off sheet to 465-8236 and notify the on duty Shift Supervisor (301) of any problems.

Return the unit to the hospital and make sure that all shorelines are plugged up and the unit batteries are off. In the winter months make sure that the portable electric heater is plugged up and running.

1. Communications

In addition to the communications described above you must also communicate with CMED as with any other call. The call sign for FRMC's neonatal unit is "3-Medic-51" and CVMC's is "3-Medic-50". Check enroute, on scene, etc. in the usual fashion.

2. Neonatal Ambulance Information

Unit 403 and Unit 415 are the designated neonatal ambulance. When the units are returned to their designated parking spots both shore line plugs should be plugged in, to their respective receptacles. Be sure to disconnect these lines prior to moving the unit. IT IS ESSENTIAL TO PLUG THESE LINES BACK UP WHEN YOU RETURN THE UNIT!

To lower the lift, open the rear compartment door (drivers side), and using the remote control slightly raise the lift enough to allow it to be pulled easily out of it's carriage. Push in the top of the release handle mounted to the box, located over the left side of the lift, while pulling outward on the lift until fully extended. The lift is hinged and should be opened to full length to check that there is sufficient clearance to properly operate the lift. With proper clearance, lower the lift using the remote. The lift is passive when lowering and is not forced down by the pump. Raise the front stop gate into the up position prior to loading. The stop gate at the front and rear of the lift will be locked in the up position prior to raising the lift

to prevent equipment or isolette from rolling off the lift while being raised. With someone stabilizing the isolette, raise the lift until it is level with the floor of the unit and lower the front stop gate onto the floor. A neonatal team member should enter the side door of the patient compartment to receive the isolette and guide it into the stretcher mounts. At no time should anyone ride the lift up or down. The lift operator is responsible for making sure everyone is clear of the lift before lowering or raising the lift.

To store the lift, raise or lower the lift until it is level with the receiver, push in slowly, until it locks into place. After it is locked into position, it can be lowered until it rests on the side supports of the receiver.

If the lift fails to rise or lower, a manual pump is located in the rear compartment where the remote is located. The pump will lower the lift by turning the valve, located at the bottom of the pump, counter-clockwise, using the pump handle end to turn the valve. To raise the lift the valve is turned clockwise until tightened, then place the pump handle in its slot and the lift should rise as the pump is operated. This may be significantly slower, but will operate the lift.

3. Unit Check off

Each Monday the Logistic Technician must obtain a neonatal unit check-off sheet and check these units out thoroughly. Any missing equipment, discrepancies, or mechanical/electrical problems must be reported to the Shift Supervisor IMMEDIATELY!

The crews may do this check-off at a base; while there the unit must be cleaned inside and out. If any mechanical problems are noted during the rest of the week, you may have to take the unit for maintenance.

4. Documentation

A PCR must be completed for each neonatal transfer. This is typically done at Hickory Base. Of particular importance: in the "Class Of Call" field, FRMC neonatal calls are coded "170" and CVMC calls are coded "270". The Neonatal Team members must sign the Signature Sheet as attendants. PCR's for these calls should be placed in an individual envelope, marked neonatal, and placed with the other paperwork.

Times for Neonatal transfers should be entered as follows:

Received – As normal

Dispatched – As normal

Enroute – As normal

On Scene – When the neonatal unit is available for transport at the Emergency Department

The time that the neonatal unit leaves the receiving facility enroute to the transferring facility should be documented in the narrative as should the time that the neonatal unit arrives at the transferring facility.

Left Scene – Departs transferring facility

Destination – Arrival at receiving facility

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